

# 1 INFORMATION COMMUNICATION SYSTEM

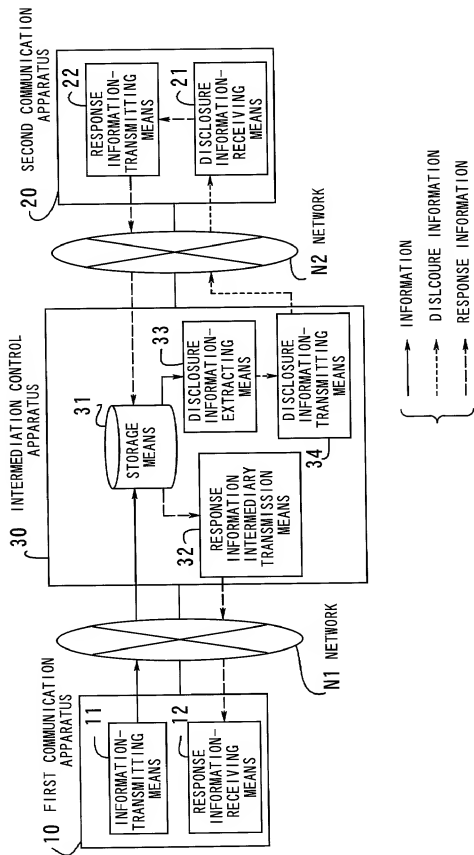


FIG. 1

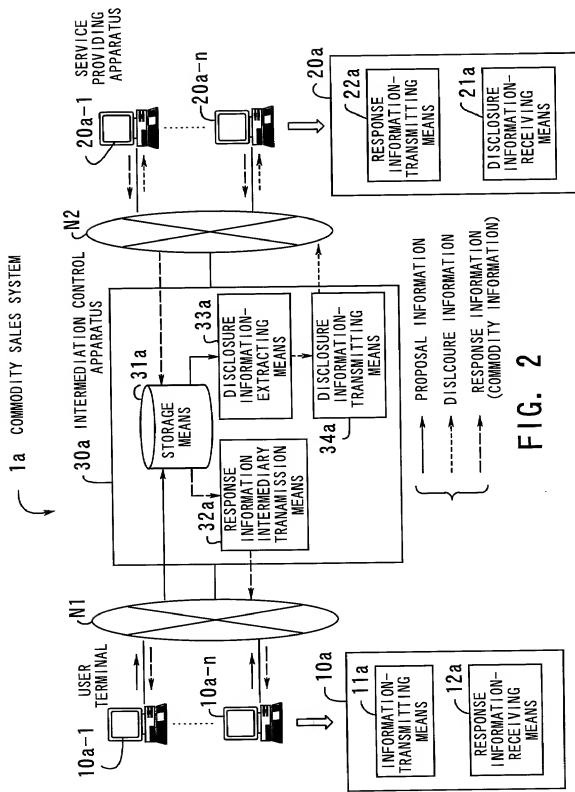


FIG. 2

110 PERSONAL DATA ENTRY SCREEN

111 PERSONAL DATA	
111a	USER ID I D O O O O 3
111b	PERSONAL NAME FUJI TARO
111c	AGE 38
111d	SEX MALE
111e	OCCUPATION PUBLIC OFFICIAL
111f	LENGTH OF SERVICE 20 YEARS
111g	ANNUAL INCOME 8 MILLION YEN
111h	WIFE OR HUSBAND EXISTS
	NUMBER OF CHILDREN 1
	AGE OF CHILD 14
111i	NUMBER OF DEPENDANTS OTHER THAN ABOVE 1
	FAMILY PERSONEL ACCIDENT <input type="checkbox"/> MEDICAL <input type="checkbox"/> ...
111j	E-MAIL ADDRESS taro@hoken.mail.ne.jp

112 REGISTRATION

FIG. 3

120 ESTIMATE REQUEST DATA ENTRY SCREEN

121 ESTIMATE REQUEST DATA	
USER ID	1 D 0 0 0 0 3
PERSONAL NAME	FUJI TARO
REQUESTED INSURANCE	FAMILY PERSONAL ACCIDENT <input checked="" type="checkbox"/> MEDICAL <input type="checkbox"/> ...
OTHER DESIRED CONDITIONS	INSURED HOSPITAL EXPENSE
	#4000/DAY OR MORE
	INSURED OUTPATIENT EXPENSE
	#2500/DAY OR MORE
	SAVING TYPE DESIRED

121a

121b

122 REGISTRATION

FIG. 4

DISCLOSURE INFORMATION EXTRACTION

KIND OF INSURANCE	DISCLOSURE INFORMATION
NURSING CARE EXPENSES INSURANCE	OCCUPATION
	FAMILY MAKE-UP (INCLUDING AGE, CONDITION OF DISEASE)
SAVINGS-TYPE INSURANCE	AGE
	OCCUPATION
	LENGTH OF SERVICE
	ANNUAL INCOME
LIFE INSURANCE	FAMILY MAKE-UP
	AGE
	OCCUPATION
	ANNUAL INCOME
⋮	FAMILY MAKE-UP
	⋮
⋮	

FIG. 5

210 PROPOSAL REQUEST RETRIEVAL SCREEN

211 INSURANCE TYPE SELECTION		212 ANNUAL INCOME	
INSURANCE TYPE SELECTION	▽	600万~	▽

213 REGISTRATION DATA DESIGNATION		215
JANUARY 2000 OR LATER	▽	SEARCH

214 REGISTERED REQUEST LIST

REGISTRATION DATE	INSURANCE TYPE	ANNUAL INCOME	DETAILS OF INSURANCE
2000/01/22	MEDICAL SECURITY INSURANCE	6 MILLION	GROUP-TYPE WITH FAMILY RIDER
2000/01/23	MEDICAL SECURITY INSURANCE	8 MILLION	WITH ADVANCED SPECIAL CONTRACT
...	...	...	...

216 DETAIL DISPLAY

FIG. 6

130 PRODUCT PROPOSAL RETRIEVAL SCREEN

131 REGISTRATION LIST

REGISTRATION DATE	INSURANCE TYPE	DETAILS OF INSURANCE
2000/01/23	MEDICAL SECURITY INSURANCE	GROUP-TYPE WITH FAMILY RISDER

133 SELECTION

132 INTRODUCTION LIST

DATE OF INTRODUCTION	INSURANCE COMPANY NAME	TITLE
2000/01/25	NEW JAPAN INSURANCE CO.LTD	PLEASE BE ADVISED.
2000/01/26	ABC MARINE FIRE INSURANCE	PLEASE BE ADVISED OF YOUR DESTRED PRODUCT
2000/01/27	WHITE INSURANCE CO.LTD	DEAR CUSTOMER.

134 DETAIL DISPLAY BUTTON

FIG. 7

## 140 INSURANCE PRODUCT ADVISE SCREEN

141 CUSTOMER ID000003	142 CUSTOMER REGISTRATION NUMBER 00000002	143 TITLE PLEASE BE ADVISED.
144 DETAILS OF INTRODUCTION  Dear Customer, We read details of your request. We have an insurance product plan which we wish to advise you by all means. So, we attach hereto a file of a literature of an insurance product, for your reference. Please consult the literature to decide your insurance.  Sincerely yours,  Mr. Ohi, Business Department New Japan Insurance Co. LTD TEL:03-XXX-0001 email:oi@nihonhoken.co.jp		
145 ATTACHED FILE  Literature for your reference		
146 INTRODUCTION REGISTRATION		

FIG. 8



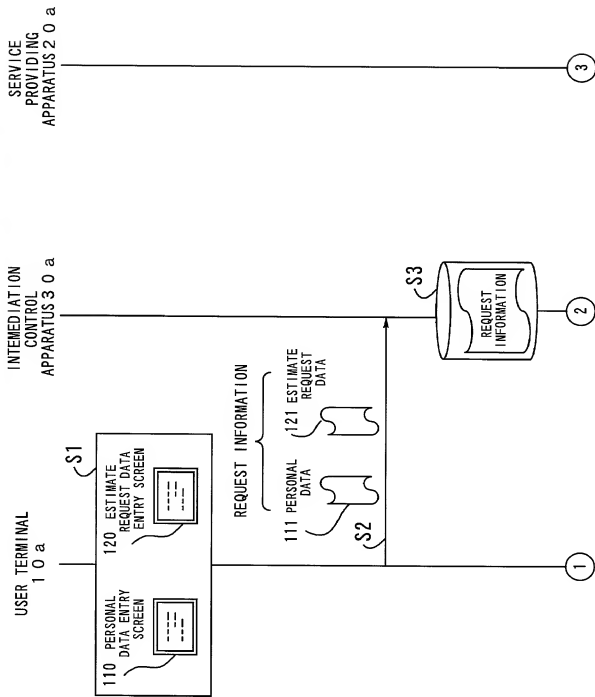


FIG. 9

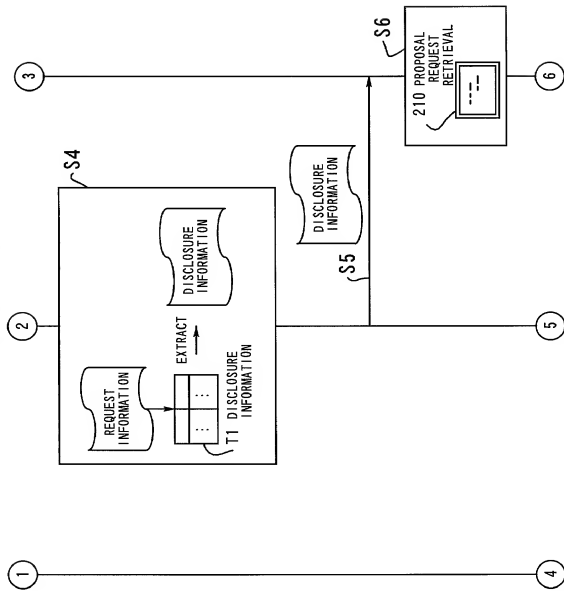


FIG. 10

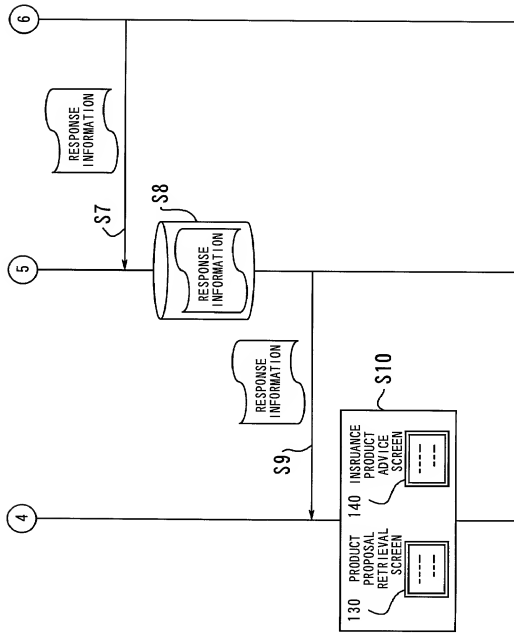


FIG. 11